

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	15	32	3/5
FORMALITY REVIEW	SM	879	03-30-01
RESPONSE FORMALITY REVIEW	TZ	3-947	05/13/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	3	7	3/15
2	2	10	3/15
3	1	5	3/15
4	1	2	3/15
5	✓	✓	3/15
6	0	1	3/15
7	✓	✓	3/15
8	✓	✓	3/15
9	✓	✓	3/15
10	✓	✓	3/15
11	✓	✓	3/15
12	✓	✓	3/15
13	✓	✓	3/15
14	0	0	3/15
15	✓	✓	3/15
16	✓	0	3/15
17	0	0	3/15
18	0	0	3/15
19	✓	✓	3/15
20	✓	✓	3/15
21	✓	✓	3/15
22	0	✓	3/15
23	0	✓	3/15
24	✓	✓	3/15
25	✓	✓	3/15
26	✓	✓	3/15
27	✓	✓	3/15
28	✓	✓	3/15
29	✓	✓	3/15
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31	✓	✓	3/15
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34	✓	✓	3/15
35	✓	✓	3/15
36	✓	✓	3/15
37	0	✓	3/15
38	✓	✓	3/15
39	✓	✓	3/15
40	✓	✓	3/15
41	✓	✓	3/15
42	✓	✓	3/15
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46	✓	✓	3/15
47	✓	✓	3/15
48	✓	✓	3/15
49	✓	✓	3/15
50	✓	✓	3/15

Claim	Final	Original	Date
51	✓	✓	3/15
52	✓	✓	3/15
53	✓	✓	3/15
54	✓	✓	3/15
55	✓	✓	3/15
56	✓	✓	3/15
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96	✓	✓	3/15
97	✓	✓	3/15
98	✓	✓	3/15
99	✓	✓	3/15
100	✓	✓	3/15

Claim	Final	Original	Date
101	✓	✓	3/15
102	✓	✓	3/15
103	✓	✓	3/15
104	✓	✓	3/15
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124	✓	✓	3/15
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144	✓	✓	3/15
145	✓	✓	3/15
146	✓	✓	3/15
147	✓	✓	3/15
148	✓	✓	3/15
149	✓	✓	3/15
150	✓	✓	3/15

If more than 150 claims or 10 actions  
staple additional sheet here

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